MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/561,732	12-20-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1					51						
2		1		1				52						
3		1		1				53						
4		3		1				54						
5		3		1				55						
6		3		1				56						
7		3		1				57						
8		(1)		1				58						
9		2		1				59						
10		2		1				60						
11		(1)						61						
12		(1)		1				62						
13		(1)						63						
14		(1)						64						
15		(1)		1				65						
16								66						
17								67						
18								68						
19								69						
20								70						
21								71						
22								72						
23								73						
24								74						
25								75						
26								76						
27								77						
28								78						
29								79						
30								80						
31								81						
32								82						
33								83						
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35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	1		1					TOTAL IND.						
TOTAL DEP.	24		14					TOTAL DEP.						
TOTAL CLAIMS	25		15					TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)

Barbara Campbell, PCT National Stage